

**South Carolina Department of Labor, Licensing and Regulation  
Board of Examiners in Speech-Language Pathology and Audiology**

**QUARTERLY EVALUATION REPORT  
SPA3-D Quarterly (To be completed quarterly)**

Print clearly in black ink or type the following information.

**I. ASSISTANT DATA**

Assistant's Name:	Business Phone:
Assistant's License Number:	

**II. SUPERVISOR DATA**

Supervisor's Name:	Business Phone:
Supervisor's License Number:	

**III. EVALUATION DATA**

Rate the assistant on the following activities each quarter. You must indicate the assistant's performance as: Below, Achieves, or Exceeds

Activities	Evaluated Quarterly after the First Year and on termination
Conduct speech-language or hearing screenings	
Implements evaluative or management programs or procedures planned/designed by the supervisor	
Record, chart, graph information relative to clients performance	
Maintain clinical records	
Report changes in client performance to supervisor	
Prepare clinical materials	
Test equipment for performance	
Participate in projects planned and directed by the supervisor	
Signature of Supervisor: _____ Date: _____	
Signature of Assistant: _____ Date: _____	

**S.C. Ann. §115-3 (G) Quarterly Reviews**

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant's performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. **These reviews must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and must be maintained by the supervising speech-language pathologist for a period of four (4) years and must be made available to the director or his/her designee.**